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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 87312.000003

First Named Inventor Ward Beryl Bowen, Jr.

## COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

### As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD FOR THE RAPID REMOVAL OF ETHANOL FROM BLOOD AND OTHER BODILY FLUIDS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YYYY)
60/210,950	June 12, 2000

☐ Additional provisional application numbers are listed on a supplemental priority data sheet Patent and Trademark Office/SB/02B attached hereto

Please type a plus sign (+) inside this box

+

PTO/SB/01 (12/97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**DECLARATION - UTILITY OR DESIGN PATENT APPLICATION**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365 of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application

U.S. Patent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet Patent and Trademark Office/SB/02B attached

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

☒ Customer Number 23367 →

☐ Registered practitioner(s) name/registration number listed below



23367

PATENT TRADEMARK OFFICE

Name	Registration Number	Name	Registration Number

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet Patent and Trademark Office/SB/02C attached hereto.

Direct all correspondence to:

☒ Customer Number or Bar Code Label



23367

PATENT TRADEMARK OFFICE

OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A Petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Ward Beryl		Bowen, Jr.	
Inventor's Signature	Date		
Residence: City	Brockport	State	New York
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Post Office Address			United States
City	Brockport	State	New York
ZIP	14420-1732	Country	United States
<input checked="" type="checkbox"/> Additional inventors are being named on the		Supplemental Additional Inventor(s) sheet(s) Patent and Trademark Office/SB/02A attached hereto	

Please type a plus sign (+) inside this box →

+

PTO/SB/02A (3/97)

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**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Daniel Salman				Daniel			
<b>Inventor's Signature</b>	<i>Daniel Salman Daniel</i>					<b>Date</b>	<i>June 6/01</i>
<b>Residence: City</b>	Rochester	<b>State</b>	New York	<b>Country</b>	United States	<b>Citizenship</b>	US
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<b>Post Office Address</b>							
<b>City</b>	Rochester	<b>State</b>	New York	<b>ZIP</b>	14617	<b>Country</b>	United States
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	UNITED STATES	<b>Citizenship</b>	USA
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>Country</b>	UNITED STATES
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	UNITED STATES	<b>Citizenship</b>	USA
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>Country</b>	UNITED STATES
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	UNITED STATES	<b>Citizenship</b>	USA
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>Country</b>	UNITED STATES

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*I hereby certify that this correspondence is being deposited with the United States Postal Service on June 7, 2001 as U.S. Express Mail No. ET193808170US in an envelope addressed to Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231*

  
Michele Hamby

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